

the ears of the wary and experienced judge, who generally weighs up the case very competently. It is a fact also that both those who are convicted and those who "get away with it" are by no means eager to continue treatment and get cured once they are safe.

There remains the balance of genuine sufferers. It is a very, very small but a very pitiful one. These people are genuinely distressed and anxious and most of them are curable. The real psychologist will be able to separate them, and will find his "excusable" group of curiosities very small indeed. In twelve years I saw three genuinely criminally irresponsible homosexuals—two men and one woman.

One very serious aspect of the matter has not been mentioned. I allude to the increased tolerance of jokes of the "pansy" variety. There is, in certain company and on some public stages, a tolerance to a kind of joke and innuendo which a few years ago would have got the offender knocked down in the one case and hissed off the stage and prosecuted in the other. As the level of a society falls so does that of the individual in it, and here is one of the glaringly obvious points which seems beneath the notice of many psychiatric experts.

Finally I must say a word about the victim of the sodomist, although I find it difficult to start. The light dismissal of the effects of the practice upon the victim leaves me turning over some of the cases I have had to handle, in a frame of mind which simply despairs of the psychologists who can so airily dismiss the matter. Of course, there will be a modicum of boys whose natural resiliency and robust mental make-up will carry them successfully through this and more than this, just as there are undoubtedly some individuals among the unfortunate children who went through Belsen whose toughness and courage will carry them successfully through that; but there can be few psychologists of real experience who cannot recall really tragic cases—people who have carried scars which have disfigured all the tableaux of their minds through a lifetime and who, in many cases, have been hard indeed to cure. Some there are who can cite an actual suicide.

It is, of course, impossible to treat this matter anything like fully or really scientifically in a letter, and I am sure, Sir, you would not wish me to try to do so. This is nothing more than a cursory comment on the more obvious and elementary aspects of a matter which, while not being really difficult from the psychological point of view, is yet not altogether an easy one.—I am, etc.,

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SIR,—Most of your correspondents on this subject have shifted to the medical side of the problem, while the first letter was protesting against the infliction of repeated prison sentences on the same individual for committing the same kind of offence.

I have no experience whatsoever in this matter, but from what I have read about the problem I should think it safe to state, without quoting percentages, that some homosexuals can be cured, some can by one prison sentence be prevented from committing homosexual acts in the future, and some cannot in any way be changed. It is the latter fraction, in common with habitual criminals, to which I would like to draw attention.

A doctor, when treating a patient and administering a medicine, may find that the condition of his patient does not improve. He may then double the dose, but when finding that this also does not help, will surely look for another remedy and refrain from doubling the dose *ad infinitum*. This, however, is precisely what the law does. It strikes me as illogical that the "incurable" homosexuals and criminals should be repeatedly condemned to prison, while after each sentence they are allowed to mix freely with the population and be at liberty to commit the same acts of which the community strongly disapproves. It seems to me that this procedure is as unwise as it is ineffective. Strict supervision and segregation would probably prove a better way of solving this problem.—I am, etc.,

Redruth.

R. SALM.

### Castration for Homosexuality

SIR,—Drs. Stungo and Chesser (March 23, p. 450) say that it is unfortunate that castration should have been recommended as a cure in the worst cases of homosexuality. The remedy,

they affirm, is at present disregarded, not because medicine and the law are ignorant of the results, but because "such treatment would be most likely to accentuate passive tendencies which are innate in homosexuals." I do not know what their words mean; they exemplify the conjectural science and hazy argument on which some people appear to think medicine ought to depend. If your correspondents can describe one instance in which castration for the cure of homosexuality in the male has been found unsatisfactory I should be grateful to receive the details.—I am, etc.,

Marlborough.

HAROLD BURROWS.

### Medical Future of the Colonies

SIR,—“A Colonial” (Jan. 26, p. 147) craves sympathy for his African colleagues on account of the inequality of salaries between European and African officers in the Colonial Medical Service. As everyone knows out here (I speak from eighteen years' experience in the Colonial Medical Service), the difference in salary grades is made to compensate the married European officer who has, of necessity, to maintain two homes for the sake of his children during their childhood and adolescence. There is no doubt that, taking into consideration general living conditions and the cost of education in Great Britain, the European with wife and, say, two children has at least double the expenses of his African colleague with the same family commitments and one home to keep. The African may elect, of course, to send his children to Europe for education, but that would be from choice, not necessity, as in the case of the European.

Though it is true to say that the European officer attains the salary of £1,200 in sixteen years, in this colony at any rate the African reaches £720 in twelve years. As these salaries are the maxima of their respective grades I cannot see, in the light of the facts I have given, that there is any inequality at all. In fact the advantage is with the African, and the lack of European recruits to the service is due, in no small measure probably, to the meagre salary prospects offered to the latter.—I am, etc.,

Nigeria.

“EUROPEAN M.O.”

### Work of Physiotherapists

SIR,—The “voice crying in the wilderness” of Dr. W. S. C. Copeman (March 2, p. 335) and your editorial on the same subject make good reading for someone who, like myself, for more than 20 years in Czechoslovakia and subsequently for over 6 years in this country had ample opportunity day by day to see what a vital part the physiotherapist plays—*ceteris paribus*—in the treatment of rheumatic disease.

Having found that the latter is one of the most frequent causes of absenteeism through disease of the miners, the management of a group of Midland collieries has entrusted me to improve conditions in this respect. For that purpose I have organized several physical treatment centres, reducing the absenteeism in question by 18 to 20% yearly. This result, which has such a far-reaching importance from both the human and the national-economical points of view, would never have been achieved without the magnificent help of the physiotherapists working in the clinics. Each of them has given year by year anything between 4,000 and 7,000 massage and electrical treatments. This wonderful effort represents high professional skill and great devotion to duty, a parallel to which is difficult to find, especially if we take into consideration that all this has been done for a non-residential salary less than £300 a year (from which tax has to be deducted). It is really high time that something should be done about improving their lot, and I hope that your and Dr. Copeman's voices will be heard by those in whose hands lies the future of this so essential auxiliary service.—I am, etc.,

Oilphant Hall, Newark.

L. SCHMIDT.

The Ministry of Health announces that arrangements have now been made whereby all civilians repatriated to the United Kingdom from enemy-occupied territories will be entitled to free medical, including optical and dental, treatment as follows: (a) for a period of six months from the date of landing, in respect of any disability; (b) after the end of six months, in respect only of illnesses or disabilities accepted by the Ministry of Pensions as attributable to war operations over-seas or to the effects of internment.